

HIV CareLink

A Newsletter for HIV/AIDS
Primary Care Providers

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ABOUT US

The Florida/Caribbean AIDS Education and Training Center provides HIV education, consultation, and resource materials to health care providers in Florida, Puerto Rico and the US Virgin Islands.

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Oral Health and HIV

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Methamphetamine and HIV

Methamphetamine is a highly potent and addictive drug used worldwide. It is easily manufactured from simple chemicals such as pseudoephedrine. Contemporary methamphetamine is not the "meth" of the '50s and '60s. Drug effects and mood disturbances last for days or weeks as opposed to cocaine. As the tolerance develops and more drug is needed, compulsive disorders and neurologic impairment develops.

Oral Health Issues

Rampant, destructive dental decay

- Acidic chemicals involved in processing methamphetamine may impact oral cavity if meth is smoked or snorted
- Xerostomia or "dry mouth" leads to enhanced intake of sweet sodas, promoting dental decay
- Less concern about oral hygiene if "high", promoting dental decay

Dental treatment concerns

- Half-life of methamphetamine is longer than cocaine
- Hypertensive crisis or stroke with use of local anesthetics is possible, which could result in death

Clinical Presentation

Long term use presents a pattern of dental decay, in a distinctive pattern

- Smooth surfaces of the teeth
- Interproximal surfaces of anterior teeth

Patients may describe their teeth as "blackened, rotting, and crumbling apart"

- Teeth are often unrestorable and must be extracted

Management

Dentists should refer patients to physicians or drug counseling specialists, in addition to helping patients retain their dentition by fluoride, remineralization products, and chlorhexidine applications. Beverages should include plenty of water and artificially sweetened non-carbonated drinks.

References:

Huff B. Methamphetamine and HIV. BETA. 2006 18(4):42-7. Methamphetamine and HIV.

Klasser GD, Epstein J. JCDA 2005 71(10): 759-762. Methamphetamine and its impact on Dental Care.

Romanelli F, Smith KM. Clinical Effects and management of methamphetamine abuse. Pharmacotherapy 2006;26(8):1148-56.

Oral Health and Pediatric HIV

Frequent Oral Manifestations

- Oral candidiasis
- Parotid gland enlargement
- Herpes simplex virus (HSV)

Oral candidiasis remains the most common oral manifestation in the pediatric HIV patient. It is more common among children with low CD4 counts, or symptomatic HIV disease, and it tends to occur earlier than either parotid enlargement or HSV infection.

Parotid swelling is the second most commonly reported oral lesion in pediatric HIV patients. Parotid enlargement may be more common among children with HIV than among adult patients.

HSV and rampant dental decay have been reported commonly; while periodontal disease, hairy leukoplakia and aphthous ulcers are less common.

Putting a child to sleep with a bottle of formula, milk, juice, sugar water or sugared drinks increases the risk of candidiasis and dental caries. This is due to prolonged contact between sugars in the liquids and cariogenic bacteria in the oral cavity.

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To request clinical consultation, please call the
National Clinicians' Consultation Hotline:

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HIV CareLink

Just as in adults, orofacial manifestations may serve as markers of initial pediatric HIV infection and predictors of progression of HIV disease to AIDS. Oral lesions may also affect the infant or child's quality of life.

Reference:

Oral Lesions commonly associated with pediatric HIV infection – Presentation, management, and review of the literature. Shetty Kishore. Academy of General Dentistry, July-August 2006, 287.

Antibiotic Premedication Before Dental Procedures

Total Joint Replacements

Patients who are immunocompromised (including those with HIV) and/or have previous prosthetic joint infections, may be at higher risk for joint infections.

According to a 2003 advisory statement, HIV-infected patients with total joint prostheses should be considered for antibiotic premedication.

Infective Endocarditis and HIV-Infected Injection Drug Users

Injection drug users (IDUs) are at increased risk for infective endocarditis (IE). A study of 263 IDUs, including 100 HIV positive patients, reported that the tricuspid valve was affected in over 50% of the cases and *Staphylococcus aureus* was the organism isolated in 59.3% of the cases. It has also been reported that an inverse relationship exists between infective IE occurrence and CD4 lymphocyte count. Patients with IE and HIV infection had a higher total mortality than IE cases without HIV infection. Nearly all HIV/IE deaths were reported in patients with < 200 CD4 count; and no deaths were reported in the HIV/IE group that had > 500 CD4 count.

Prophylactic antibiotic premedication should be considered for HIV-infected injection drug users that have CD4 counts < 200.

References:

Advisory Statement American Dental Association and American Academy of Orthopedic Surgeons
Advisory Statement. Antibiotic prophylaxis for dental patients with total joint replacement. JADA 2003;134:895-99.

Cecchi E, Imazio M, Tidu M, Forno D, Derosa FG, Dal Conte I, Preziosi C, Lipani F, Trincherio R. Infective endocarditis in drug addicts: role of HIV infection and the diagnostic accuracy of Duke criteria. J Cardiovasc Med (Hagerstown) 2007;8(3):169-75.

DeRosa FG, Cicalini JS, Canta F, Audaqnotto S, Cecchi E, DiPerri G. Infective endocarditis in intravenous drug users from Italy: the increasing importance in HIV-infected patients. Infection. 2007 35(3):154-60.



Downloadable PDF

Oral Manifestations Associated with HIV

- 19 detailed photographs
- therapeutic agents

www.FAETC.org/Dental

2007 Pocket Guide – Adult HIV/AIDS Treatment - Correction

Many of our HIV CareLink subscribers have also received this Pocket Guide. Johns Hopkins University has just notified us of an important error in this publication's pill chart center insert.

In the row for Prezista™ (darunavir) the dosing information is listed as: "One 200-mg capsule once a day (a total of one capsule a day) Two 300-mg tablets BID plus one ritonavir 100-mg capsule BID (a total of 6 pills a day)".

The first phrase (underlined above) was mistakenly inserted and is incorrect. We recommend crossing the error out.


If you would like copies of the corrected Guide, please notify HIVCareLink@FAETC.org.

2007
POCKET GUIDE

**ADULT
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